

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Candidates may request any necessary accommodation to participate in the application process.

(PLEASE PRINT)

Position Applying For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

City

State

Zip Code

Telephone Numbers:

Social Security Number: \_\_\_\_\_

Number 1 (\_\_\_\_) \_\_\_\_\_

Texas Driver's License Number: \_\_\_\_\_

Number 2 (\_\_\_\_) \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes

☐ No

Have you ever filed an application with us before?

☐ Yes

☐ No

If yes, give date: \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work record?

☐ Yes

☐ No

Please Specify: \_\_\_\_\_

Are you currently employed?

☐ Yes

☐ No

May we contact your present employer?

☐ Yes

☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes

☐ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:

☐ Full Time

☐ Part Time

☐ Shift Work

☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes

☐ No

Can you travel if a job requires it?

☐ Yes

☐ No

Have you been arrested within the last 7 years?

☐ Yes

☐ No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## **Education**

	Name, ISD, City & State of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

(Proof of last graduation may be required before hiring.)

### **Indicate any foreign languages you can speak, read, and/or write**

	Fluent	Good	Fair
Speak			
Read			
Write			

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Describe any job-related training received in the United States Military.**

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## **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
			Hourly Rate/Salary		
	Telephone Numbers		Starting	Final	
Job title		Supervisor			
Reason for leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
			Hourly Rate/Salary		
	Telephone Numbers		Starting	Final	
Job title		Supervisor			
Reason for leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
			Hourly Rate/Salary		
	Telephone Numbers		Starting	Final	
Job title		Supervisor			
Reason for leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
			Hourly Rate/Salary		
	Telephone Numbers		Starting	Final	
Job title		Supervisor			
Reason for leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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## **Additional Information**

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### Specialized Skills

Check Skill Level (on a scale of 1 to 5, 5 being expert, indicate your level of proficiency with each)

_____ MS Windows XP Op.Sys.	_____ MS Outlook
_____ MS Exchange	_____ MS PowerPoint
_____ MS Word	_____ MS Access
_____ MS Excel	_____ MS Back Office
_____ MS Front Page	_____ MS Server

Production and/or Mobile Machinery (List and indicate proficiency)

_____	_____
_____	_____
_____	_____
_____	_____

**State any additional information you feel may be helpful to us in considering your application.**

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## Business/Professional References

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone#  
\_\_\_\_\_  
Address
2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone#  
\_\_\_\_\_  
Address
3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone#  
\_\_\_\_\_  
Address
4. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone#  
\_\_\_\_\_  
Address
5. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone#  
\_\_\_\_\_  
Address

## Personal References

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone#  
\_\_\_\_\_  
Address
2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone#  
\_\_\_\_\_  
Address
3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone#  
\_\_\_\_\_  
Address

**APPLICANT AUTHORIZATION:**  
**- READ CAREFULLY BEFORE SIGNING -**

As a prerequisite to be considered for employment with City of Dickinson (the City), I agree to the following:

1. Employment with the City is for an indefinite term and either the City or the Employee can terminate the employment and compensation at will at any time, with or without cause, and with or without notice.
2. I understand that acceptance of an offer of employment does not create a contractual obligation upon the City to continue to employ me in the future.
3. I hereby give the City the right to make a thorough investigation of my past employment and activities including a check of the Texas Department of Public Safety, prior employers, and others, including credit references, at the discretion of the City and I release from all liability all individuals, persons, companies, corporations or others supplying such information.
4. I agree to furnish such additional information and complete such examinations as may be required to complete the selection process.
5. I understand that any false answer or statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or termination.
6. I understand that prospective employees will be required to take a physical examination. The medical examination will be performed by a physician designated by the City. The physician shall determine whether or not I possess the necessary physical standards for the position I am applying for, as well as screen for any chemical dependencies. The medical report will remain confidential unless there is a business and/or legal need to know. Failure to pass the initial screen for illegal drug use will cause for denial of employment.
7. I understand that I may be required to work overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday. I understand and accept such work hours as conditions of any continuing employment.
8. In addition to the above, I hereby authorize the medical records concerning my employment (authorized herein) be released to the City's Personnel Department for placement in my personnel file and authorize my Department Supervisor and/or the City Administrator to review these records as they deem necessary.
9. I understand that I will be required to acknowledge and abide by the City's Employee Policy Manual as a condition of any offer of employment.
10. I certify that the facts contained in this Application for Employment are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open: ☐ Yes ☐ No  
Position(s) Considered For: \_\_\_\_\_  
\_\_\_\_\_

Arrange Interview: ☐ Yes ☐ No  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

Employed: ☐ Yes ☐ No      Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Hourly Rate/ Salary: \_\_\_\_\_

By: \_\_\_\_\_  
Name Date

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_